

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

| PLACE OF BIRTH                                                                                                                                                                                               |                                                |                            | ARIZONA STATE BOARD OF HEALTH                                                               |                          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------|--------------------------|----------|
| 1. County of                                                                                                                                                                                                 | Gila                                           |                            | BUREAU OF VITAL STATISTICS                                                                  |                          |          |
| District of                                                                                                                                                                                                  | Globe                                          |                            | ORIGINAL CERTIFICATE OF BIRTH                                                               |                          |          |
| Town of                                                                                                                                                                                                      |                                                |                            | State Index No. 167                                                                         |                          |          |
| or                                                                                                                                                                                                           |                                                |                            | County Registrar No. 270 269                                                                |                          |          |
| City of                                                                                                                                                                                                      | Globe                                          |                            | Local Registrar No.                                                                         |                          |          |
| 2. Full name of child                                                                                                                                                                                        | Gydia Luvarre                                  |                            | No. _____ St. _____ Ward _____                                                              |                          |          |
|                                                                                                                                                                                                              |                                                |                            | If birth occurred in a hospital or institution, give its NAME instead of street and number) |                          |          |
| 3. Sex of Child                                                                                                                                                                                              | To be answered ONLY in event of plural births. | 4. Twin, triplet or other. | 6. Legitimate?                                                                              | 7. Date of birth 4-24-25 |          |
| Gr.                                                                                                                                                                                                          |                                                | 5. No., in order of birth. |                                                                                             | Month                    | Day Year |
| 8. FATHER                                                                                                                                                                                                    |                                                |                            | 14. MOTHER                                                                                  |                          |          |
| Full name Juan Luvarre                                                                                                                                                                                       |                                                |                            | Full maiden name Felopio Madrid                                                             |                          |          |
| 9. Residence (Usual place of abode) Hackney Ave                                                                                                                                                              |                                                |                            | 15. Residence (Usual place of abode) Hackney Ave                                            |                          |          |
| If nonresident, give place and state Globe                                                                                                                                                                   |                                                |                            | If nonresident, give place and state Globe                                                  |                          |          |
| 10. Color or race Mex                                                                                                                                                                                        |                                                |                            | 16. Color or race Mex                                                                       |                          |          |
| 11. Age at last birthday 25 (Years)                                                                                                                                                                          |                                                |                            | 17. Age at last birthday 19 (Years)                                                         |                          |          |
| 12. Birthplace (city or place) Mexico                                                                                                                                                                        |                                                |                            | 18. Birthplace (city or place) Mexico                                                       |                          |          |
| (State or country)                                                                                                                                                                                           |                                                |                            | (State or country)                                                                          |                          |          |
| 13. Occupation Miner                                                                                                                                                                                         |                                                |                            | 19. Occupation M. W.                                                                        |                          |          |
| Nature of industry                                                                                                                                                                                           |                                                |                            | Nature of industry                                                                          |                          |          |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)                                                                                        |                                                |                            | 21. Were precautions taken against ophthalmia neonatorum?                                   |                          |          |
| (a) Born alive and now living 1                                                                                                                                                                              |                                                |                            | gas                                                                                         |                          |          |
| (b) Born alive but now dead 0                                                                                                                                                                                |                                                |                            |                                                                                             |                          |          |
| (c) Stillborn 0                                                                                                                                                                                              |                                                |                            |                                                                                             |                          |          |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*                                                                                                                                                               |                                                |                            |                                                                                             |                          |          |
| I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated.                                                                                                |                                                |                            |                                                                                             |                          |          |
| (Born alive or stillborn.)                                                                                                                                                                                   |                                                |                            |                                                                                             |                          |          |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. |                                                |                            |                                                                                             |                          |          |
| Signature G. E. Wrightman                                                                                                                                                                                    |                                                |                            |                                                                                             |                          |          |
| (Physician or midwife)                                                                                                                                                                                       |                                                |                            |                                                                                             |                          |          |
| Address Globe, Ariz.                                                                                                                                                                                         |                                                |                            |                                                                                             |                          |          |
| Given name added from a supplemental report                                                                                                                                                                  |                                                |                            |                                                                                             |                          |          |
| Month, day, year.                                                                                                                                                                                            |                                                |                            |                                                                                             |                          |          |
| Registrar.                                                                                                                                                                                                   |                                                |                            |                                                                                             |                          |          |
| Filed 4-25 1923                                                                                                                                                                                              |                                                |                            |                                                                                             |                          |          |
| Filed 5-5 1923                                                                                                                                                                                               |                                                |                            |                                                                                             |                          |          |
| County Registrar.                                                                                                                                                                                            |                                                |                            |                                                                                             |                          |          |

356-424-644